

NH HAZARDOUS WASTE DECLASSIFICATION FORM

NH DES Waste Management Division-RIMS PO Box 3900, Concord NH 03302 (603) 271-2901 or (603) 271-2921 Shaded boxes for NH DES office use only

EPA ID No.			MTS RCRA INFO					
Please save this form and submit it to the department if you discontinue hazardous waste activities.								
1a. Company Name:					1b. Effe	ective Date:		
Physical location of the company to be declassified.								
2. Site Location Information	Street Address:							
	City or Town:			State:				
	County Name:				Zip Cod	le:		
Person to contact with questions regarding this declassified site.								
3. Site Contact Person	First and Last Name:		Title:					
	Phone Number:			Phone Number Extension:				
Mailing address where future correspondence regarding this declassified site can be sent.								
4. Site Mailing Address Street or PO Box:								
	City or Town:							
	State:			Zip Code:				
5. Have all hazardous waste been removed from this site? Yes \(\sigma\) No \(\sigma\) If no, what wastes remain and what provisions have been made for removal?								
6. Has the property been sold or leased to another company which will generate hazardous waste? Yes \(\text{No} \) \(\text{No} \)								
7. Reason for Declassification:								
□ Company Closing. New Address								
□ Company ceasing all hazardous City State Zip								
8. If the company has moved: Will hazardous waste be generated at the new site? Yes □ No □ If yes, has a notification packet been submitted? Yes □ No □								
9. Additional Comments: (use this space for any additional information regarding this request; attach additional sheet if								
necessary):								
10. Certification: The information submitted herein is, to the best of my knowledge and belief, true, accurate and complete.								
	n: The information subt				net, true, accur			
Signature		Printed Nam	ie		Title		Date	